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AUTHOR Vorster, de Wet
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ABSTRACT

To assess the effect of early mother-infant proximity on later stress and behavior, two studies were made which involved a sample of mother-baby pairs that was larger than samples utilized in previous studies. In Study 1, involving 300 consecutive mother-baby couples at the Maternity Hospital in Plymouth, England clinical medical officers used a questionnaire to probe possible relationships between developmental problems and the provision of either longer or shorter periods of mother-infant contact after birth. Findings indicated that mothers receiving 20 minutes or more of close postbirth contact had significantly less symptoms at a developmental follow-up when the infant was 6-weeks-old than those receiving brief contact. Subjects receiving 10 minutes or less contact exhibited the percentage of problem behavior typical of those separated at birth. In Study 2, midwives completed a Mother/Baby Bonding Chart to evaluate 366 mother-baby pairs, about one-third of which received 20 minutes or more contact. Mother-infant pairs in the extended contact group exhibited fewer signs of distress than did couples receiving shorter contact. In particular, infants who experienced a longer period of contact with their mother cried less. Results are discussed, with specific attention given to the value of physical holding in the therapeutic treatment of infants and toddlers. The Early Infant Contact Study Questionnaire and the Mother/Baby Bonding Chart are appended. (RH)

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EARLY MOTHER/BABY CONTACT: CONSEQUENCES/IMPLICATIONS FOR TREATMENT

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ABSTRACT

A few prospective studies have indicated the import of immediate mother/baby postbirth proximity concerning later psychobiologic developemnt. A mother/infant contact questionnaire was completed on 300 mother baby couples by Clinical Medical Officers at the 6 week developmental testing. Results of the first part of study: mothers and babies who had 20 minutes or more contact postbirth presented less problem behaviour at 6 weeks: 10 minutes or less contact the same percentage problem behaviour as those with separation at birth. The second part of the study describes findings from the mother baby bonding chart completed at birth by Midwives indicating couples who had 20 minutes or more contact exhibited fewer signs of distress than shorter contact couples. These couples from the second study are to be assessed at 1 and 3 years. The value of "holding" in treatment of children is discussed.

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INTRODUCTION

Winnicott (1965b) stressed early "holding" as of importance especially relevant to the more severe emotional illnesses in later life: both the "holding" of anxiety and aggression. Quoting from Winnicott (1965a; 1965b) "Holding includes especially the physical holding of the infant: a form of loving. Sometimes security simply means being held well. The main thing is the physical holding: the basis of all complex aspects of

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environmental provision". In later life, Winnicott (1965a) describes the individual who has not had this experience over the early period (good enough mothering) as unable to relax, "The whole living time of the individual is filled by reactions to impingements". Mother is unable to provide sufficient "relaxed periods" at the time when the infant is totally reliant on her in order for the infant not to be constantly anxious about reacting for safety sake in a defensive manner. "Someone holding the infant adapts to changing needs; exploration from a safe base; the mother is there for the baby in such a way that the baby can feel in touch. Otherwise there may be annihilating unthinkable anxiety".

Winnicott (1965b) continues "at first these are body needs, but they gradually become ego needs as psychology emerges out of the elaboration of physical experience". He considered the holding of the baby by parents especially relevant to ego strength and the more severe psychiatric illnesses in later life e.g. schizophrenia. The import of attachment is elaborated by Bowlby (1969

A number of studies indicate the importance of proximity between mother and baby after birth involving follow-up to age 8 years. The numbers however were not large although did include control groups. It was found half an hour or more skin contact according to Klaus (1976) and de Chateau (1982) led to more favourable mother/child relationship interactions at ages 3 and 5 years, including biochemical effects.

There is evidence of a specially alert period on the part of the newly born infant for the first few hours (Packer 1980); EEG findings and other signs of sensitive alertness appear to indicate that this period is sensitive to the security derived from mother/baby proximity.

Klaus (1976) had also shown the first 30 minutes of contact postbirth and a minimum of 5 hours extra contact per day in the first weeks led to more mother/baby eye contact than controls: enface way of holding and feeding and improved interaction between mother and baby. At age 5 and at age 8 years mothers were using less threatening statements and were able to offer suggestions which were responded to by their infants more readily. (N. Ringler). (Third World Congress of Infant Psychiatry, Stockholm, August, 1986).

The importance of this first contact has been shown as very definitely advantageous in the animal kingdom from rat pups to Rhesus monkeys. Levine (1980) indicates the vulnerability the separated animal has biologically and the greater and more severe reactions to stress in later life. He also indicated the diffusion of stress reaction when mother is next to her infant. More recent studies describe psychobiologic effects (Reite 1985).

A number of studies throw doubt on the importance of early experience (Lamb 1983; Herbert 1982): some showed "no difference" between close contact mothers and controls after 36 hours; the favourable effects appear to have lessened by age 1 or later; others relate the supportive environment as the main factor affecting differences; studies revealing the most marked differences were more dramatic in the lower socioeconomic subjects; critics mentioned that mothers in the de Chateau (1982) group attended more antenatal classes. It is mentioned that results were not always statistically significant and that early contact appeared to show more effect on sons. It is extremely difficult to separate cause and effect in linear fashion.

Studies (Ainsworth 1972) have indicated that "holding" contact is the commonest cure for crying especially in first weeks even more so than feeds. In a small previous study on crying and non-crying babies and later child psychiatric disord findings pointed to "holding" resulting in crying cure may also relate to protecti of non-crying or withdrawn babies (Vorster 1984). Moreover response to conflict very early on (with mother presenting an emotionless face or sudden separation from mother due to an instantaneous blackout of the interview room) may lead to extreme distress and withdrawal on the part of the baby. The distress may appear more upsetting to the observer than crying (Papousek 1975). As all studies mentioned involved small samples it was decided to pursue a study of a larger number than researched previously to assess the effect of early mother/infant proximity on later stress and behaviour.

FIRST STUDY (EARLY CONTACT QUESTIONNAIRE: Information from mothers)
The first study comprised 300 consecutive mother/baby couples; babies delivered at the Maternity Hospital in Plymouth. Clinical Medical Officers used the questionnaire (Appendix 1) to ascertain whether there was a relationship between 20 minutes or more proximity mother/infant immediately after birth compared to a shorter period contact postbirth and symptoms or problems at developmental 6 week examination. Mothers were asked if they did not have immediate contact with the baby why this was so and why the baby was no longer in proximity. They were also asked to rate the commonest cry cure for their babies. Finally, they were requested to mention the portion of the 24 hour period during which they had conta with their infant in the first weeks and whether this was skin contact.

Results are indicated in tables 1, 1a and 1b showing that longer postbirth mother baby couples experienced fewer problems (table 2) than those couples with short contact. Delayed contact couples experienced the same symptom percentage as short contact couples. Skin to skin contact was rare and not

tabulated here. Only one fifth of the couples experienced long contact. The majority of the short contact group experienced 5 minutes or less proximity. Medico obstetric reasons for separation are noted in the table indicating that the number of symptoms are greater for this group. It should also be noted that a similar percentage of problems at 6 weeks as in the total group occurred in the multiparous mothers.

Table 3 tabulating the mothers rating of holding as most successful "cry cure" indicates that there is not a great difference between these two sets.

Table 4 indicates that the over 20 minutes mother/infant contact couples revealed a slightly increased tendency to have 4 hours or more later continuation of close contact over the 24 hour period. However, there were an insufficient number to employ statistical tables.

The medical records were scanned to check if the mothers memory was biased or faulty concerning the length of the early contact, and reasons for the short duration of contact of the majority. Obstetric factors drawn were deficient; only one half of the first 108 files could be drawn; no mention was made of the length of baby mother proximity but medical obstetric factors appeared to be insufficient to account for the contact time difference. Therefore, the second study was arranged.

SECOND STUDY (MOTHER BABY BONDING CHART BY MIDWIVES) Appendix 2 (Tables 5 - 8)

As the first study relied on memory of mothers, Midwives were asked to complete the Mother/Baby Bonding Chart prior to departure from the labour ward (Appendix 2) as itemised by Miss D Stockwell, Director of Maternity Services.

Of 366 mother/baby couples, about one third had 20 minutes or more contact (over 20 minutes contact: 102; under 20 minutes contact: 195. 69 time not recorded). Results table 5 a: crying: long contact: 19 (1/5): short contact:

57 (1/3); content: long contact: 73 (3/4); short contact: 117 (1/3); breast and bottle feeding: long contact: bottle: 28; short contact: bottle: 74;) Less crying occurred in the long contact group and the babies appeared to the Midwives to be more content: there was not a particular frequency distinction between breast and bottle feeding table 5a. The obstetric factors occurring are depicted in table 6. In table 7, it is shown that obstetric factors failed to account for most of the "short contact" mother baby couples. Table 5b indicates results after removal of those couples who were separated for medico obstetric reasons (e.g. Caesar, SCBU, general anaesthetic) and the short contact group shows a statistically significant increase of problems. (Interestingly, father held babies scored intermediately as far as crying and contentment were concerned between the long contact mother baby couples and the short contact mother baby couples).

Comparing tables 7 and 8 it is noticeable that certain obstetric procedures did not necessarily shorten holding time (suturing and resuscitation) and that there were no "medico obstetric" reasons for the short contact in a large percentage of the mother baby couples.

Table 8 indicates that those mothers with longer holding time had a tendency to examine and talk to baby more often.

Many Midwives were surprised at the large number of mothers who related the short postbirth contact period in the first study. The second study revealed however, even though Midwives had timed the postbirth period, a large percentage of mothers with their babies had only a short time in physical proximity. Interestingly of the 28 mother/baby couples where Midwives made extra comment "Happy families; delighted over boy/girl" one of the 14 long contact babies is described as crying; 5 of the 14 short contact group are described as crying.

DISCUSSION

In the first study mothers having had 20 minutes or more close contact with their babies postbirth had significantly less symptoms at the 6 week developmental follow-up as assessed by Clinical Medical Officers using the early contact questionnaire. Concerning 5 minutes contact or less (the majority) there were considerable increases in the number of symptoms or problems. Separation due to Caesarian and for other reasons immediately postbirth for half an hour or more present a similar percentage of symptoms and problems as the previous group. However, the study relied on memory of the mothers as contact time was not available in the notes recorded.

In the second study of 366 mother/baby couples, about one third had 20 minutes or more contact. Less crying occurred in the long contact group and the babies appeared to Midwives to be more content; there was not a particular frequency distinction between breast and bottle feeding. Other methods of mother baby contact were somewhat more frequent in the close contact couples. Certain obstetric procedures (e.g. suturing, paediatric examination, forceps) did not invariably produce separation. When all possible cases involving "legitimate" obstetric reasons for separation were excluded, the short postbirth contact couples exhibited less contentment and more crying.

One may question whether the close contact mothers were different personality wise and the duration of contact merely a reflection of the same. However, the de Chateau (1982) studies revealed there were no differences in personality tests between his close contact and control groups.

Although not directly relevant to the need for postbirth contact in the first hour, but relevant to the value of permission to encourage contact, studies by Gaddini (1983) indicate that rooming-in close contact was of value even though

some mothers were not keen initially. In a unit where mothers were encouraged to room-in, there were less crying babies and a better relationship between mother and child at age 3 and less severe infections in the rooming-in pairs as well as those initially not wishing to room-in, but rooming-in eventually, compared to those who persisted in refusing to room-in. There were more problems during pregnancy and eventually more feeding problems in the involuntary rooming-in pairs, but the mother/baby relationship appeared far less problematic than those in the study who were not wishing to room-in and in fact did not room-in. Physical proximity mother/baby appeared to lead to more favourable psycho-biological effects.

Midwives should encourage mothers/fathers to hold their babies even if obstetric procedures require temporary separation. Early contact postbirth apart from being ego-supportive also allows for interactional activity as mother is available, "there", and "present". Holding treatment for autistic children (Tinbergen 1983) hyperactive, aggressive, or anxious children (Braden 1985) appears to be of value. Although in autism Rutter (1986) states the Tinbergen claims as yet lack empirical support, Galenson (3rd World Congress Infant Psychiatry) described holding as part of their US program and Richer (1986) quotes other researchers who claim improvement in further series of studies. However, these studies require further validation. Skuse (1984) and Berger (1973) state it is not possible to draw single correlations between cause/effect in most cases. There is an increasing tendency to see the child as part of a social system with which the baby is in a mutually modifying relationship. This is hinted at as well by the present study (couples described by Midwives as "happy").

The sole physical contact many children referred to child guidance/psychiatry clinics have with parents is "smacking"; parents who are unaware of the value of "holding" to recreate the bond.

We use holding as part of therapy in our clinic (encouraging parents to hold their baby or toddler when in a destructive tantrum or when withdrawn, tense, hyperactive, sleepless). Indirect suggestions encouraging holding may be of more benefit when direct instruction fails. For example, although there were sufficient chairs in the family therapy room, we moved one surreptitiously behind another, stating to mother "There are not sufficient chairs in the room. Could you please hold little Karen?"; Mother held her successfully although stating she could "never be held in the past", as would bite, kick, etc. Similarly, getting mother to join her child in playing with a toy while she "incidentally" holds him on her lap may be better than a straight instruction. We often say in the clinic, "to control Johnnie in the office, do what you do at home which may include holding".

Concerning the immediate postbirth period, one wants to get mother and baby in proximity without causing guilt. "You may find you enjoy baby a bit more if you hold him longer, even though you may be tired. You can have baby back after this (medico obstetric) procedure". "If you don't feel you enjoy it after a while, never mind, there is plenty of opportunity later. Some babies like connecting with mother in other ways". "You can hold him later on".

Considering the work which can be done encouraging premature babies to attach to their mothers (e.g. through use of the Brazelton test) indicating to mothers the unnoticed attempts at eye contact by their babies if the babies are held correctly, observant staff may help mothers to stay longer with their newborn. (Nurcombe, B. The mother infant transaction program: a 4 year follow-up of an intervention for the mothers of low birth weight infants. Third World Congress of Infant Psychiatry 1986. Positive results of early intervention in infants in study were marked only after the second year although in the study group mothers were more confident than controls early on).

Although all non-industrial societies encourage extended contact "rooming-in" in infancy, it is not certain that the majority encourage contact for the first half hour and there are no studies of differences with a given non-industrial society re early contact and affection (Lozoff 1983).

The mother/baby couples assessed on the Mother/Baby Bonding Chart will be followed up at 1 and 3 years concerning problems and length of early contact for publication at a later stage as well as objective mother child interaction recording and recording of parity and social class will be collated.

A new publication "Le moi-peau" by Anzieu (1986) discusses new ideas re contact and the concept of "ego-skin" as of import in the psychology of development.

Physical contact between parent and young child would appear to be important as an aspect of family and other therapy considering the import of holding throughout the early period.

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Table 1

Study 1: Mother Baby Contact Questionnaire (Memory of Mothers)

Results: Symptoms at 6 weeks as related to length postbirth contact

Table 1: Composite Results

Long Contact	Short Contact
20% cases Symptoms 16%	80% cases Symptoms 48%

Table 1a: Early Contact/Symptoms

Results of the first 210: (Group I and II)

	20 Minutes Contact	5 Minutes Contact	Delayed Contact
	36	150	24
Medical Symptoms	5	61	11
No medical Symptoms	31	89	13

Of 21 medico obstetric reasons for separation, 12 with symptoms - (PPH: exhaustion, oxygen for baby). X^2 analysis: significant difference medical symptoms groups:

$$X^2 = 7.63 \quad d.f. = 2$$

$$p < 0.05.$$

Of 84 multiparae: Long contact 2 problems. Short contact: 36 showed problems (no problems short 42 ; long 4).

Table 1b:

Results of second sample 103 (delayed contact not tabulated):

	20 Minutes Contact	5 Minutes or less
	20	83
Medical Symptoms	4	43
No medical Symptoms	18	40

$X^2 = 4.08$

$p < 0.05$

Of 10 Caesar and other obstetric reasons for separation: 5 with symptoms (1/2)

Number of multipara: 40; 14 of 28 short contact showed symptoms.

Table 2: Types of problem (at 6 week check) (first 210)

20 minutes contact mother/baby:			
Feeding	3	"Colic"	2
5 minutes or less contact:			
Feeding	18	"Colic"	18
Vomiting	3		
Depressed mother	1		
Attention seeking	1		
Thrush	4		
Crying	4		
Fractured skull (mother falling with baby)	1		
Eczema	2		
Constipation	1		
Burn	1		
Cyanotic attacks	1		
Breath holding	1		
Stridor	2		
Sleep problems	1		
Other	3		
Caesar and delayed contact:			
Feeding	4	"Colic"	4
Fear manhandling baby	1		

Table 3: Close contact (20 minutes)/less contact (5 minutes) cry cure

a) mothers with less than 5 minutes contact:		b) mothers with over 20 minutes contact:	
Holding	74	Holding	16
Feeding	44	Feeding	8
Dummy	18	Dummy	4
Caesarians:		Holding	7
		Dummy	1
		Feeds	1
Other methods included:		Talking to	5
		Changing nappies	2
		Self-consolation thumb	1
		Ignoring	1

Table 4: Later Contact in 3 Groups: (from first 210 sample)

Close contact:		
Over 4 hours in 24 hours At feed times	12 13	- 21.4%
5 minutes or less contact:		
Over 4 hours in 24 hours At feed times	43 58	- 16.7%
Caesarian and separation:		
Over 4 hours in 24 hours At feed times	5 3	

Not sufficient difference to use statistical tables

Caesarian and separation:

Over 4 hours	5
Changing	1
Feeding	3

Table 5: Contact Length and relationships with crying/contentment/feeding and total recorded group

		Over 20 Minutes Long Contact		Under 20 Minutes Short Contact		Statistical Significance
TOTAL		102		195		
CRYING	MORE	19	19%	57	29%	$X^2 = 3.95$ d.f. = 1
	LESS	83	81%	138	71%	$p<0.05$
CONTENT	MORE	73	72%	117	60%	$X^2 = 3.87$ d.f. = 1
	LESS	29	28%	78	40%	$p<0.05$
FEEDING	BOTTLE	28	27%	74	38%	$X^2 = 3.28$ d.f. = 1
	BREAST	74	73%	121	62%	$p<0.1$ $p>0.5$

Table 5B: No Medical reasons separation and crying/contentment babies

		Over 20 Minutes Long Contact		Under 20 Minutes Short Contact		Statistical Significance
TOTAL		81		134		
CRYING	MORE	15	18.5%	42	31.4%	$X^2 = 4.26$ d.f. = 1
	LESS	66	81.4%	92	68.6%	p<0.05
CONTENT	MORE	66	81.4%	92	68.6%	$X^2 = 4.26$ d.f. = 1
	LESS	15	18.5%	42	31.4%	p<0.05

Table 6 : ? Possible Reasons for Short Contact: (Each entry a factor not a case)

Mother sleepy	2
Twins	2
Mother vomiting	3
Caesar	14
Suturing	46
Baby cold	3
Forceps	13
Paediatrician	18
Held by father	99
Prematurity	1
S.C.B.U.	20
Mother tired	6
Placenta problem	4
To friend at mothers request	1
Meconium	1
Mother disinterested in baby	1
Baby requiring oxygen	3
Resuscitation	7
Wishing adoption	1
Diabetic mother	1
General anaesthetic	15
Intubation	1
Postpartum haemorrhage	4
Breech	1
Pethidine	1

Table 7: (Cases) Mother/Baby Couples 60 Possible

Medical reasons for short contact

Paediatrician	18
Caesar	8
S.C.B.U.	8
Forceps	2
Meconium	2
Nausea	1
Twins	1
General Anaesthetic	3
Presentation	1
Resuscitation	12
Postpartum haemorrhage	3
Pethidine	1

Table 8: Factors Not Causing Interruption Mothers Holding Time

Suturing	44
Paediatrician	2
Check and weigh	2
Father refused to hold	1
Mother "flat out"	1
Resuscitation	11
Father holding	46
S.C.B.U.	1

Table 9 : Holding time: other mother/baby interactions

	Long	Short
Mother examined baby	31 (30%)	40 (20%)
Talked to baby	71 (69%)	73 (37%)
Skin to skin	60 (59%)	50 (25%)
Suckled well	31 (30%)	42 (21%)
Father not present	03 (3%)	03 (2%)

Appendix 1.

EARLY INFANT CONTACT STUDY QUESTIONNAIRE

KEY QUESTIONS DATE OF BIRTH .....

1. Did you hold the baby straight away after the birth? If not, why not? If not, when did you first hold the baby?

.....

.....

2. For how long did you hold the baby? Did you have skin contact with the baby during this time?
For how long was the contact continued?

.....

.....

3. During which part of 24 hours did you have contact with your infant in the first months?
Was it skin contact?

.....

.....

4. What worries or problems have you had with this baby?

.....

.....

5. What was considered the best cry cure?

.....

.....

Appendix 2.

PLYMOUTH HEALTH AUTHORITY

MATERNITY UNIT - FREEDOM FIELDS HOSPITAL

MOTHER / BABY BONDING CHART

MOTHER'S NAME ..... HOSPITAL NUMBER .....

DATE OF DELIVERY ..... TIME .....

NATURE OF DELIVERY: NORMAL ☐ ASSISTED ☐

CAESAREAN ☐ APGAR SCORE .....

TIME BABY FIRST HELD BY MOTHER .....

WAS HOLDING TIME INTERRUPTED : NO ☐ YES ☐

FOR SUTURING ☐ FOR TOILETING ☐

OTHER .....

TIME BABY NO LONGER HELD BY MOTHER .....

DESTINATION: FATHER ☐ COT ☐

S.C.B.U. ☐ OTHER .....

MOTHER'S RESPONSE: HELD BABY:- EAGERLY ☐ PASSIVELY ☐

RELUCTANTLY ☐ REFUSED ☐ SKIN TO SKIN CONTACT ☐

TALKED TO BABY ☐ EXAMINED BABY SPONTANEOUSLY ☐

OTHER .....

METHOD OF FEEDING ANTICIPATED : BREAST ☐ BOTTLE ☐

FATHER'S RESPONSE: HELD BABY:- EAGERLY ☐ PASSIVELY ☐

RELUCTANTLY ☐ REFUSED ☐ NOT PRESENT ☐

BABY'S RESPONSE: SLEEPING ☐ AWAKE — CONTENT ☐

CRYING ☐

NOT PUT TO BREAST ☐ SUCKLED - WELL ☐ DISINTERESTED ☐

TIME MOTHER LEFT LABOUR WARD ..... DESTINATION .....

TIME BABY LEFT LABOUR WARD ..... DESTINATION .....

FURTHER COMMENT (IF ANY) .....

NAME OF PERSON COMPLETING CHART .....

Senior Nurse, Sister, Staff Midwife, Student Midwife

Other .....